MSD RY 28-414 126 E. Lincoln Avenue PO Box 2000 Rahway, NJ 07065 merck.com

April 5, 2016

CERTIFIED MAIL 7011 1150 0001 2979 4183 RETURN RECEIPT REQUESTED

Asbestos/NESHAPS Notification
U.S. Environmental Protection Agency – Region 2
Division of Enforcement and Compliance Assistance
Air Compliance Branch (DECA-ACB)
290 Broadway, 21st Floor
New York, NY 10007-1866

ATTN: Asbestos Section, Victor Tu

Re: Revised Notification of Demolition and Renovation

40 CFR 61.145(b)

Dear Mr. Tu:

The attached notification is being submitted as an update to the February 23, 2016 notification for the demolition of 2067 Bond Street at the Merck Sharp & Dohme Corp. Rahway, NJ facility. All asbestos work included in the original notification has been completed.

Please contact Ms. Kathi Bragdon at (732) 594-7558 if you have any questions or need additional information.

Sincerely,

Sandra Schenk

Attachments

cc: Certified Mail 7011 1150 0001 2979 4190
NJ Dept. of Health of Health
Consumer, Environ. & Occ Health Svcs
135 E. State St.
P.O. Box 369
Trenton, New Jersey 08625
ATTN: Jim Vermeychuk
(As required by N.J.A.C. 8:60-7.2)

Certified Mail **7011 1150 0001 2979 4206**NJ Dept. of Labor
Division of Public Safety & Occupational
Safety & Health
Asbestos Control & Licensing Section
1 John Fitch Plaza, 3rd Floor
P. O. Box 949
Trenton, New Jersey 08625-0949
(As required by N.J.A.C. 12:120-7.2a)

NOTIFICATION OF DEMOLITION AND RENOVATION

DATE (mo/day/yr): April 4, 201									
I. FACILITY INFORMA AGENCIES NOTIFIED	TION (Identify of EPA (owner, removal contractor, and ot DEP (X)DOL (X)DOH	her operator) () DCA						
AGENCIES NOTIFIED: (X) EPA () DEP (X) DOL (X) DOH () DCA OWNER: MERCK SHARP & DOHME CORP.									
		E, P.O. Box 2000, RY28-414	The state of the s						
City: RAHWAY	State:		Zip:	07065					
Contact: Sandra Schenk			Tel: (732) 594-7746						
	R: Brandenburg I	ndustrial Service Company	(//						
II. REMOVAL CONTRACTOR: Brandenburg Industrial Service Company License Number: 00721									
Address: 2217 Spillman Drive									
City: Bethlehem State: PA			Zip: 18015						
Contact: Jason GaNun		Tel: (610) 691-1800							
OTHER OPERATOR:									
Address:									
City:	State:		Zip:						
Contact:	1		Tel:						
	TON (O = Origin	nal/R = Revised/C = Cancelled):	Original						
		on/R = Renovation/O = Ordered I		ency Renovation	on):				
		II [< 160, > 25 SF or <260, >10 I							
		lini-Enclosure (R) Glovebag Pro-				,			
(-)	(-)	(-,,8	procedur						
V. IS ASBESTOS PRESE	NT? YES	(Yes/No)							
VI. FACILITY DESCRIPTION (Include building name, number and floor or room number)									
Occupancy Status During Abatem			ent Performed O		al Hours				
		nt areas will be demarcated	om i oriorinoa o	atorae or reorn	iai i ioais				
Address: SAME AS ABOVE	THEORY TROUTENIES	it arous will be demarcated							
City:	State:		County: UNIO	N					
Site location:	State.		County. ONO	/14					
Building size Sq. Meter:	Sa Et	: 16,287	# of Floors: 3	Agair	Years:	7/			
Present Use: Powerhouse	54.11	Prior Use: Powerhouse	# 01 1 10013. J	Agen	i i cais.	7-7			
	DINC ANALY	FICAL METHOD, IF APPROP	DIATE HEED	TO DETECT	THE				
PRESENCE OF ASBES			KIATE, USED	IO DE LECT	ITE				
		fied with the procedures describe	d in 40 CER 763						
		TO BE REMOVED AND NO			TEDIAL				
A CONTRACT OF THE PROPERTY OF		PECIFY THE AMOUNT OF A			IEKIAI				
THAT WILL NOT BE	KEMOVED. SI	ECIFT THE AMOUNT OF A	SDESTOS DEL	Ow.	Non-fr	iable			
					Asbest				
	RACM To		Type (Rem/Rep/		to Be Re				
D' L' E	Be Removed	Description Council 15	Encap/Enclose)	Use? (Y/N)	Cat I				
Pipes - Linear Feet	2,390 LF	Pipe Insulation on Ground, 1 st , Platform Levels	Removal	Yes	N/A	N/A			
Surface Area – Square Feet	6,815 SF	Insulation & Breaching on Boilers 4, 6 & 7, Tanks	Removal	Yes	N/A	N/A			
Surface Area – Square Feet	2,260 SF	Surfacing Roof flashing, Tar & Caulk	Removal	Yes	N/A	N/A			
Surface Area – Square Feet	575 SF	Transite on Ground level – Boiler 4 &	Removal	Yes	N/A	N/A			
IX. SCHEDULED DATES	- I was a second of the second			Start: 4/19/16 Completion: 7/15/16					
X. SCHEDULED DATES	. SCHEDULED DATES OF DEMO/RENOVATION (MM/DD/YY)			Start: 4/19/16 Completion: 12/31/16 Renovation					
	DATE AND TIME OF DISPOSAL (Quantity of waste to be disposed is the same as RACM to be removed as indicated in VIII)			Date: on or after 4/19/16 Time: Between 7:00am & 3:00pm					
XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Interior renovation of Powerhouse including obsolete boilers and piping and associated abatement.									
interior renovation of rowerhouse including obsolete bollers and piping and associated abatement.									

XII. DESCRIPTION OF ENGINEERING CONTROLS AND WORK PRACTICES TO BE USED TO CONTROL EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Qualified contractors will perform all the work. All remediation work will be in accordance with 40 CFR 61.140-61.156							
and NJ waste management handling and disposal requirements including wet removal.							
XIII. MONITORING FIRM	ig and disposal require	ASCM No: 00104					
Name: Environmental Health Investigations,	Inc	OSHA Monitor: AmeriSci Laboratories Inc.					
Address: 655 West Shore Trail	inc.	License No: 11480					
City: Sparta, NJ 07871		State: NJ					
Contact Person: William S. Kerbel, CIH		Tel: (973) 729-5649					
XIV. WASTE TRANSPORTER #1		101. (573) 725 3	017				
Name: Freehold Cartage, Inc.		NJDEP Registration No.: 15939					
Treated Carage, mer		(Required by N.J.A.C. 8:60-7.2(b)(8) & 12:120-7.2(b)(8))					
Address: 825 Highway 33							
City: Freehold	State: New Jersey		Zip: 07728-5010				
Contact Person: Kenneth Reeves			Tel: (732) 462-1001 x 7220				
XV. WASTE DISPOSAL SITE #1							
Name: Lycoming County Resource Management	nt Services						
Address: 447 Alexander Drive / Route 15							
City: Montgomery	State: PA		Zip: 17752				
Telephone: (800) 326-9571							
WASTE DISPOSAL SITE #2							
Name:							
Address:							
City:	State:		Zip:				
Telephone:							
	BY A GOVERNMEN	NT AGENCY, PL	EASE IDENTIFY THE AGENCY BELOW				
Name: NOT APPLICAB	LE		Title:				
Authority:							
Date of Order (MM/DD/YY):			Date Ordered to Begin (MM/DD/YY):				
XVII. FOR EMERGENCY RENOVATIONS							
Date and Hour of Emergency.(MM/DD/YY):							
Description of the Sudden, Unexpected Event:							
Explanation of How the Event Caused Unsafe Conditions or Serious Disruption of Industrial Operations:							
XVIII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. All work will cease until analysis has been completed and impact assessed. In case of crumbling, HEPA vacuum cleaning followed by wet wiping will be performed.							

NOTIFICATION OF DEMOLITION AND RENOVATION (Continued)

Jim Jo	Form Completed By hnson – Project Engineer d Name & Title)	(Signature of Preparer)	<u>A/A/2014</u> (Date)				
XX.	XX. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND						
EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL							
BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.							
ļ.	(Required 1 year after promulgation)	i l	11-12-11				
		Sandra Schenk	4/572016				
		(Signature of Owner/Operator)	(Date)				
XXI. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.							
	÷	(Signature of Owner/Operator)	<u>4/5/2016</u> (Date)				